FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUBMERS AND A DATE THICK AT RESERVE	orm FORM	
DISCLOSURE SUMMARY PAGE A ETHICS AN Reser	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization) FRIEDDS OF SOBSBEZOID MAR - 5 AM 9: 00	(Rev. 07/2003)	REPORT
IMPORTANT: Indicate type of committee you are reporting for:	For Office Use Only Comm. #	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support Slate of Candidates	Logged In	
CANDIDATE COMMITTEES ONLY:	Computer	
Condidate Name	Audited	
ROBERT SOGSBE Political Party		
Office Sought District (if Senate or House)		
20 1		
Charles Smith 563-247.	3031 <u>3-1-</u>	-10
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGN	IED
Late filed reports are subject to possible civil and cri	ninal penalties	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENC		
AM FILING A REPORT FOR ANA (1) ELE		LVEAD
(report date)	OTION ((2)NON-ELECTION	YEAR.
CHECK IF AMENDMENT TO REPORT DATED	ocal Committees, enter Date o	of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	County & Local Committees, er which Election is held	iter County in
STATEMENT OF CASH ON HAND		
ASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	. 69	$g \supset $
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		00
Schedule F: Loans Received total (Attach Schedule F)		00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
	. /61/	a o
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	\$ _ /8 4	12
	1011	6 3
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below	v) /8 \qq	7.2
Schedule F: Loan Repayments total (Attach Schedule F)		
ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	2
JNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	····· • • • • • • • • • • • • • • • • •	····
NDIDATE COMMITTEES ONLY:	5	
NSULTANT BREAKDOWN (Schedule G Attached?)		
LUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	LYES L	NO
The state of the s	\$	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME	Must be	same as on Statement of Organization)	
FRIGNOS	OF	SOGSBE	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS			
CHECK THIS BO AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-23-09	CK# 2405	JENNIFER ERAF 503 WOODLAND OR, CLINTON IA 52732		\$ 25,00	
10-27-09	ID# CK#	503 WOODLAND OR, CLINTON 1A 52432 R, SOESBE 900 5 6 5T CLINTON 1A 52732		90.00	
	ID# CK#		·		
	ID# CK#		-		
	ID# CK#		-		
	ID# CK#				
	ID# CK#				
·	ID# CK#	· · · · · · · · · · · · · · · · · · ·			
	ID# CK#				
	ID#				
			SUB/TOTAL		

TOTAL (if last page of this schedule) \$ (15,00

" Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page	
-	(for Schedule A)

Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
1	,	of Soesbe		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-27-09	1008	Robert Soesbe 900 So. 6# St. Clinton \$0 52732	Re-eburse Condidate for Cash expenditure	175 24
11-19-09	CK# 238713 CAShjerck,	CINTON CO. Democrats	Close Account	\$175764
	ID# CK#			
	ID# CK#			
	ID# CK#		·	
	ID# CK#			
	ID# CK#			
	ID# CK#			`
			SUB-TOTAL	\$18493
			TOTAL (if last page of this schedule)	\$485-33~
THIS BOX API	PLIES TO CANDIDA	ATES' COMMITTEES ONLY:		

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	of	

Statement of Accounts

0000858005 Robert J Soesbe Page 2 of 2 November 13, 2009

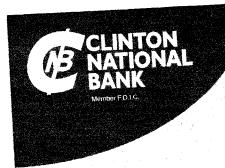


IA ETHICS AND CAMPAICH DISCLOSURE BO

2010 MAR -5 AM 9: 00

Free Checking	0000858005

Date	Description	Additions	Subtractions	Balance	Number	Date	Amount
10-14	Beginning balance			\$212.25	o	10-23	40.00
10-15	Check 9999		-21.44	190.81	9999	10-15	21.44
10-20	Check 9999		-80.88	109.93		10-20	80.88
10-23	Check		-40.00		9999 *	10-30	175.24
10-27	Checking Dep	115.00				eck sequence	175.24
10-30	Check 9999	······································	-175.24	9.69	Skip in che	ck sequence	
11-13	Ending totals	115.00	-317.56	\$9.69			
			tal for period	Total year-to-date			
	Total Overdraft Fees Total Returned Item Fees	•	0.00 0.00	\$0.00 \$0.00	•		



Choice Rewards -Use your Clinton National Bank debit card to earn rewards!

Customer Receipt

If you have any questions about your account please call 243-1243

10/27/09 04:10 PM TR:66 2-54 \$115.00 XXXX8005 Ck Deposit

Thank you for banking with CNB!

Please remember that checks and other items are received for deposit subject to the terms and conditions of this bank's deposit account rule